PTO/SB/22 (08-03)

entified application.  The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  One month (37 CFR 1.17(a)(1))  Two months (37 CFR 1.17(a)(2))  Three months (37 CFR 1.17(a)(3))  Four months (37 CFR 1.17(a)(4))  Five months (37 CFR 1.17(a)(5))  Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$  X A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.		OF TIME UNDER	37 CFR 1.136(	(a) Docket No.	(Optional) 341/6227.NCP
For: ANTI-BACTERIAL VACCINE COMPOSITIONS  Art Unit 1645 Examiner V. Portner  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above entified application.  The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  The month (37 CFR 1.17(a)(1))  The months (37 CFR 1.17(a)(2))  The months (37 CFR 1.17(a)(3))  Four months (37 CFR 1.17(a)(4))  Five months (37 CFR 1.17(a)(5))  Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is:  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855  I have enclosed a duplicate copy of this sheet.  I am the applicant/inventor.  Statement under 37 CFR 1.34(a)  December 15, 2003  Date  (312) 474-9559  The phone Number  Thomas Wrona, Ph.D.  Typed or printed name  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below		In re Application	on of David I	E. Lowery et al.	
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Thomas J. Wrona, Ph.D. Telephone Number  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below	overpayment, to Deposit A I have enclosed a duplicate I am the applicant/inverses assignee of re Statement attorney or ag  x attorney or ag	e copy of this sheet.  ntor.  cord of the entire int under 37 CFR 3.730 ent of record. Regis ent under 37 CFR 1.	13-2855 serest. See 37 C (b) is enclosed. stration Number		DEC 2 9 200 TECH CENTER 16
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